

Summary of Action Steps from Local “10-Year Strategies to End Homelessness” Throughout the United States



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■ Within Our Reach: A Community Partnership A Ten-Year Plan to End Homelessness

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Introduction

Since 2002, several jurisdictions have completed “10-Year Strategies to End Homelessness” in their communities. This paper focuses primarily on recommendations or action steps that jurisdictions adopted in their strategies. A list of jurisdictional strategies that were examined for this report is provided in Appendix A.

The strategies generally divided the homeless population into three (3) groups and established action steps for each group. The three (3) groups of homeless persons were:

- I. Persons At-Risk of Becoming Homeless;
- II. Persons Who Are Chronically Homeless;
- III. Persons Who Are Episodically Homeless.

Action steps for each of the three (3) groups follow. The action steps are divided into two (2) categories: **Common Action Steps** and **Unique Action Steps**. Common Action Steps are defined as actions that are common among most, if not all, strategies and Unique Action Steps are defined as actions that are not common to most strategies, but exclusive to some strategies or just a few.

I. Persons At-Risk of Becoming Homeless

Persons at-risk of becoming homeless were a primary concern of each of the jurisdictions that completed a 10-year strategy. Jurisdictions concluded that persons are at-risk of becoming homeless because they struggle to pay for their permanent housing each month. They struggle because they often have to choose between paying their rent or mortgage and other daily living costs such as clothing, food, health care, and transportation. They have to choose between paying for these costs because of their limited income.¹ The jurisdictions noted that there were thousands of persons living in their neighborhoods that were at-risk of becoming homeless.

Jurisdictions readily agreed that the quickest, less costly, and most efficient way to end homelessness is to prevent homelessness from happening in the first place. There was consensus concerning the following findings:

- Persons that lack savings or a safety net can easily loss their housing as a result of short-term losses of wages, unforeseen medical expenses, and other unexpected daily living expenses;
- Costs of supporting persons once they become homeless are greater than the assistance needed to secure their housing before they become homeless;

¹ According to the U. S. Census data, more than 10 million households or approximately one (1) out of every 10 households in the United States had an annual income of less than \$10,000 in 2000. The 2000 data also revealed that more than 22 million households or approximately one (1) out of every five (5) households in the United States had an annual income of less than \$20,000. Thus, millions of households have limited income to pay for their daily living expenses and monthly rent or mortgage.

managers need to make sure that they enroll, obtain, and maintain mainstream resources by taking the actions outlined above under mainstream resources and chronic homeless persons.

2. Housing First Approach

Every jurisdiction also adopted a “Housing First” approach which is premised on the belief that homeless families are more responsive to interventions and social services after they are in their own housing, rather than while living in emergency shelter or transitional housing facilities. As previously mentioned, Housing First providers reported that a greater percentage of households maintain their housing through a housing first approach than households that obtained permanent housing after going through emergency shelter or transitional housing facilities. Housing First providers also reported that it is less expensive providing housing and services to homeless households through the housing first approach than providing housing and services through an emergency shelter and/or transitional housing system of care. Therefore, local jurisdictions are advocating that homeless families and individuals be placed into affordable permanent housing as quickly as possible.

B. Unique Action Steps

1. Competent Case Management and Temporary Housing

Even though local jurisdictions are advocating that homeless families and individuals be placed into affordable permanent housing as quickly as possible rather than temporary housing, the use of shelters and transitional housing was not entirely dismissed. The one (1) unique action step that some jurisdictions adopted concerned competent case management and temporary housing. Competent case management was defined as having skilled case managers providing homeless persons with all the necessary services and resources necessary to exit temporary housing as quickly as possible and obtain and maintain affordable permanent housing. Temporary housing was described as emergency shelter that provides beds for up to a few months and transitional housing that provides units or beds for up to two (2) years.

Providing competent case management, according to jurisdictions, can have positive effects upon existing homeless systems of care that temporary housing cannot provide without competent case management. Competent case management moves homeless persons through temporary housing more quickly and, as a result, allows a greater number of persons to be served by temporary housing. Also, by providing a wide-range of services and resources, competent case management not only better prepares persons to obtain housing but helps prepare them to maintain their housing as well.

Other Action Steps

There were other action steps that were either common or unique to local jurisdictional strategies.

- Too many individuals and families become traumatized during a prolonged homeless experience on the streets and additional costs for treatment add to a person's on-going living expenses once domiciled and contribute to persons becoming at-risk to homelessness once again;
- The need for continual expansion of emergency shelter beds and related services will stop within a jurisdiction that becomes more adept at preventing homelessness.

A. Common Action Steps

The action steps that were common among the strategies concern the following: 1) homeless prevention assistance; 2) discharge planning; and 3) mainstream resources.

1) Homeless Prevention Assistance

Homeless prevention assistance was generally defined as providing supplemental resources to persons so that their monthly income could pay for their rent or mortgage and their basic daily living expenses. The most common supplemental resources were rental and utility assistance. Rental assistance was usually set aside for eviction prevention or foreclosure. Utility assistance was usually set aside for utility shut-off prevention or utility turn-on service. Other common supplemental resources for persons at-risk of becoming homeless included clothing, food, health care, and transportation. These resources are provided at no cost to persons at-risk.

The action steps established by several jurisdictions focused on the following:

- coordinating emergency assistance programs in order to make them more immediately accessible to persons at-risk of becoming homeless;
- referring persons at-risk of becoming homeless to emergency assistance programs;
- increasing the funding for emergency assistance programs from public and private resources.

2) Discharge Planning

Homeless prevention has been broadly defined within many of the strategies to include preventing persons who are homeless from being discharged from residential public and private systems of care into homelessness. Jurisdictions believed that such systems of care (e.g., correctional institutions, hospitals, foster care facilities) need to take preventive measures to ensure that the people they serve are not discharged into homelessness.² Discharge planning prepares homeless persons while in an institution

² The McKinney-Vento Act requires that any governmental agency receiving funding may not receive HUD McKinney funds unless they "develop and implement, to the extent practicable, policies for the discharge of persons from publicly funded institutions or systems of care."

to return to the community by linking such persons to essential housing and services, including enhancing and expanding their treatment options and effectiveness.³

Specific actions to help ensure discharge planning included:

- adopt a “zero tolerance” policy towards discharging persons into homelessness;
- ensure that public and private systems of care have protocols and procedures for discharging clients in place and are implementing them;
- coordinate meetings and forums for homeless service providers and discharging agencies to share information, plan for, and review discharges to the community;
- establish a referral-based case management system that will make sure that a case manager from a homeless service provider responds to the needs of persons leaving institutional care;
- expedite mainstream resources (noted below) for persons leaving institutional care;
- provide interim transitional placements that provide short-term lodging to recently discharged persons while they await placement in other types of housing when needed.

3) Mainstream Resources

“Mainstream resources” is a phrase used to describe a variety of federal and state government assisted benefit programs that receive several hundred billion dollars each year appropriated by Congress for mainstream assistance programs. These resources provide low-income persons (including individuals and families who are homeless) with cash payments and supportive services for needs such as food, health care, housing, job training, and nutrition services.

One or more members of households at-risk of becoming homeless, however, may not be receiving mainstream resources though they are eligible to do so. For example, an individual with a severe disability may be eligible to receive Social Security Disability Insurance or parents with children may be eligible to receive Temporary Assistance for Needy Families. Often, these benefits are supplemented by food and health care assistance.

Several strategies outlined the need to make efforts to ensure that members of households that are at-risk of becoming homeless receive all the benefits for which they qualify. Efforts generally focused on referring people to mainstream resource providers. Churches, food pantries, and schools were cited as important information and referral agents.

³ A form of discharge planning called “in-reach” which focuses on chronic homeless persons while they are in systems of care is described on page 8 below.

B. Unique Action Steps

There was one (1) unique action step that some jurisdictions implemented by combining several of the action steps noted above. The unique action step involved creating a neighborhood-based homeless prevention system. The primary goals of the system are 1) to identify and assist persons at-risk of becoming homeless as quickly as possible; and 2) offer on-going case management linked to supportive services to address the underlying causes of instability.

1) Neighborhood-Based Homeless Prevention System

A neighborhood-based homeless prevention system consists primarily of i) a centralized emergency assistance center; ii) local groups sharing in the responsibility of preventing persons at-risk of becoming homeless from becoming homeless within their neighborhood; and iii) a local communication strategy.

i) Centralized Emergency Assistance Center

A centralized emergency assistance center serves as an entry point for persons at-risk of becoming homeless to obtain the resources necessary to maintain their housing. Resources include clothing, food, household items, rental assistance, and utility assistance. Other resources such as health care, landlord-tenant mediation, legal services, and public assistance (mainstream resources such as Food Stamps, Medicaid, and Supplemental Security Income) may be provided on-site or off-site. Case management to help address the underlying causes of instability is offered to persons or required in order to continue to receive resources.

ii) Local Groups

Local groups such as local congregations or neighborhood associations share in the responsibility of preventing persons at-risk of becoming homeless from becoming homeless within their immediate neighborhood. Such groups designate their area of service and help implement a local communication strategy to ensure that any persons at-risk of becoming homeless know about how to access the resources necessary for them to maintain their housing.

iii) Local Communication Strategy

A local communication strategy consists of several means of communication that provide persons at-risk of becoming homeless, and those groups and individuals that want to help them, with the necessary information and resources to prevent homelessness. Such means of communication can include:

- a “Homeless Prevention Resource Guide” that provides a description of, and contact information for, homeless prevention resources;

- “Homeless Prevention Week” that raises awareness concerning families and individuals who are at-risk-to homelessness and the resources available to help them;
- posters, flyers, and brochures containing contact information for those at-risk-to homelessness that would be made available at public counters including libraries, schools, post offices, and City Hall public service counters; delivered for distribution at local committees, coalitions, and task forces meetings; delivered to post and distribute at local community, educational, and recreational service centers and organizations including religious congregations; and made available to property owners and managers to distribute to renters.
- Public Service Announcements that provide contact information for homeless prevention resources;
- a homeless prevention information phone line that provides a description of, and contact information for, homeless prevention resources;
- contact information enclosed in utility bills for homeless prevention assistance.

II. Persons Who Are Chronically Homeless

Chronic homeless persons were also a primary concern of each of the jurisdictions that completed a 10-year strategy. Chronic homelessness is defined by the U. S. Department of Housing and Urban Development (HUD) as:

“A person who is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter.” A disabling condition is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” A disabling condition limits an individual’s ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.”

A. Common Action Steps

The action steps that were common among the strategies concern the following: 1) street outreach; 2) permanent supportive housing; and 3) mainstream resources.

1) Street Outreach

There is consensus among jurisdictions that chronic homeless persons are often the “most-visible” and “hardest-to-reach” of all homeless persons and that the primary issues that relate to chronic homelessness concern mental illness and substance abuse. Jurisdictions noted that it is usually necessary for street outreach workers to reach out and engage chronic homeless persons with the goal of building a relationship that will ultimately result in people receiving social services and obtaining and maintaining appropriate permanent housing.

The deployment of street outreach teams are a crucial step in connecting chronic homeless persons living on the street to necessary supportive services and housing. Two approaches to outreach are generally used: 1) mobile outreach by van and by foot; and, 2) program-based outreach at social service sites for homeless persons. These outreach components include

- locating people on the streets or in facilities;
- establishing rapport;
- assessing their needs; and
- linking them to supportive services.

This linkage often goes beyond mere referral and the provision of transportation when needed. Outreach workers personally help clients navigate a region's continuum of care system.

2) Permanent Supportive Housing

Every jurisdiction recognized the need for ample permanent supportive housing. Permanent supportive housing provides residents with on-site and off-site social services in order to help them maintain their housing. Such services often include employment, health care, mental health care, and substance abuse treatment services. Residents usually pay no more than 30% of their income for their basic housing costs of rent and utilities.

Every jurisdiction also adopted the “Housing First” model which is premised on the belief that homeless families are more responsive to interventions and social services after they are in their own housing, rather than while living in emergency shelter or transitional housing facilities. Housing First providers reported that a greater percentage of households maintain their housing through the Housing First model than households that obtained permanent housing after going through emergency shelter or transitional housing facilities. Housing First providers also reported that it is less expensive to provide housing and services to homeless households through the Housing First model than to provide housing and services through an emergency shelter and/or transitional housing system of care.

3) Mainstream Resources

As previously noted, mainstream resources" is a phrase used to describe a variety of federal and state benefit government assistance programs that provide low-income persons, including individuals and families who are homeless, with cash payments and supportive services. It is important to note that these resources are not targeted to assist individuals who are homeless. Persons who are homeless must qualify for assistance based on their disability and/or economic status.

Several strategies noted that many chronic homeless persons were not accessing the mainstream services for which they may qualify. Several jurisdictions believe that only a fraction of chronic homeless persons access mainstream benefit programs such as: Food Stamps, Medicaid; Social Security Disability Income (SSDI); Supplemental Security Income (SSI); and Veteran's Benefits. In order to reverse this development, several jurisdictions noted that case managers need to ensure that chronic homeless persons successfully obtain the benefits for which they are eligible. While some chronic homeless persons may have already attempted to access some of the resources for which they are eligible, they often have failed to follow through with documentation and other responsibilities required for securing benefits.

Therefore, case managers need to make sure that chronic homeless persons enroll, obtain, and maintain mainstream resources. They need to work with chronic homeless persons to successfully obtain benefits by making sure that they make necessary appointments and have adequate transportation. They also need to make sure chronic homeless persons bring all proper documentation (including helping clients obtain necessary documentation if needed) and help them complete written applications either by assisting them with filling out the application or following up with staff of the mainstream resource program. Case managers also need to make certain that chronic homeless persons follow through with any other necessary requirements before and after obtaining mainstream resources.

B. Unique Action Steps

Unique actions steps include 1) Assertive Community Treatment; 2) "In-Reach"; and 3) Inclusionary Housing Ordinance Requirements for Permanent Supportive Housing.

1) Assertive Community Treatment

Jurisdictions noted that street outreach workers are successful in helping chronic homeless persons exit their lives from the streets but are often hampered by limited resources. As a result, their successes are limited as well. Outreach workers need to work with chronic homeless persons in a stable environment in order to help provide the necessary treatment and services for successful reentry into housing. Without a stable environment, outreach workers are often limited to providing emergency care—blankets,

clothing, and food—and referrals to medical and, sometimes, psychiatric care. As a result, these types of assistance often do little more than facilitate a chronic homeless person's ability to continue to live on the streets.

An increasing number of jurisdictions have adopted “Assertive Community Treatment” (ACT) as an action step necessary to achieve greater success with chronic homeless persons. ACT is a form of street outreach case management that is distinguished from more traditional street outreach because the team

- consists of several multi-disciplinary practitioners from the fields of psychiatry, nursing, psychology, and social work with increasing involvement of substance abuse and vocational rehabilitation specialists;
- provides the services clients need rather than sending clients to other programs for services;
- supplies a wide variety of services to each client from the same group of specialists which means that members of the team do not have individual caseloads because the team as a whole is responsible for each client;
- operates with a team-to-client ratio of one clinician for every ten clients;
- is cross-trained in each other's areas of expertise to the maximum extent feasible;
- provides services 24-hours a day, seven days a week, for as long as they are needed;
- never discharges someone because they're “too difficult” or don't make “progress.”

This team approach is facilitated by daily team meetings in which the team is briefly updated on each individual. Activities for the day are organized and team members are available to one another throughout the day to provide consultation or assistance. This close monitoring allows the team to quickly adjust the nature and intensity of services in response to individuals' changing needs.

2) “In-Reach”

In-reach is defined as providing case management to chronically homeless persons while they are in public and private systems of care. Chronically homeless persons are often frequent-users of public and private systems of care. Such systems of care include residential-based treatment and correctional institutions such as correctional facilities, hospitals, psychiatric units, and substance abuse treatment programs.

In-reach is provided by on-site or off-site case managers such as members of the Assertive Community Treatment Team. Case managers become responsible for working with chronic homeless persons during the time that they are in one of the systems of care. During this time, case managers help chronic homeless persons with supportive counseling, medications, money management, housing placement, and any other social services that a chronic homeless person needs in order to exit their lives from the streets.

3) Inclusionary Housing Ordinance Requirements for Permanent Supportive Housing

The primary purpose for this action step is to structure inclusionary housing requirements in ways to provide incentives for market-rate developers to build permanent supportive housing. Inclusionary housing ordinances require residential and mixed use projects to include a share of housing that is affordable to low and moderate income households. These ordinances usually require that 10 to 20 percent of newly constructed units be affordable. Structuring inclusionary housing requirements would include a percentage of housing units to be used for permanent supportive housing that would be affordable for chronically homeless persons.⁴

Inclusionary housing ordinances typically provide an “in lieu fee” provision. Payment of a fee in lieu of all or some of the inclusionary units is at the discretion of the Developer. The amount of the fee is calculated using a fee schedule established by the local jurisdiction. Fees are set-aside to be used for affordable housing that could include permanent supportive housing.

III. Persons Who Are Episodically Homeless

Persons who are episodically homeless include individuals and families who become homeless one (1) time or more.⁵ These persons are distinct from chronically homeless persons because they are not homeless for one (1) year or more and do not move in and out of homelessness as often. Also, they may or may not have a disability. Persons who are episodically homeless often become homeless in times of economic hardship and/or temporary housing loss which may or may not be compounded by other factors such as domestic violence, chronic health care problems, and substance abuse.

A. Common Action Steps

The action steps that were common among the strategies concern the following: 1) mainstream resources; and 2) a housing first approach.

1. Mainstream Resources

As with chronically homeless persons, several strategies noted that many episodically homeless persons were not accessing the mainstream services for which they may qualify. The strategies also noted that case managers need to ensure that episodically homeless persons successfully obtain the benefits for which they are eligible. Case

⁴ “The San Francisco Plan to Abolish Chronic Homelessness,” 2004, p. 13. The plan makes the recommendation to amend the City’s inclusionary zoning requirements to provide incentives to build permanent supportive housing but does provide the details to do so.

⁵ Persons who become homeless only once are defined by some jurisdictions as persons who experience transitional homelessness which is described as a single episode of homelessness that is relatively short and often occurs in times of economic hardship and/or temporary housing loss.

A. Common Action Steps

1. Implement New Data Collection Technology

Nearly every jurisdiction has outlined steps to further develop a computerized Homeless Management Information System (HMIS) that will allow homeless service providers to collect uniform client information over time. The systems outlined will enable homeless service providers to collectively perform a number of activities that have been limited in capacity or never been done with the jurisdiction's homeless continuum of care system. Such activities include: 1) decreasing duplicative intakes and assessments; 2) streamlining referrals to homeless service providers including mainstream resource providers; 3) coordinating case management; 4) tracking client outcomes; 5) and preparing financial and programmatic reports for funders.

Several jurisdictions also noted how they will use their HMIS to re-examine how homeless services are provided over time in their community in order to make informed decisions and develop appropriate action steps for the future. Jurisdictions further stated that no public funds will be used for services that do not demonstrate measurable success towards ending homelessness in their community.

2. Increase Economic Opportunities

Several jurisdictions noted that access to job training and skill enhancement is critical for homeless people to breakout of their cycle of homelessness. Such access is also essential for persons at-risk of becoming homeless to maintain their housing. Jurisdictions readily agreed that access can be improved by streamlining their systems that offer workforce assistance. A common example was to ready one-stop employment centers to serve more homeless persons. One-stop employment centers provide access to a broad range of streamlined services that include job placement, job training, local labor market information, computers, resume preparation, career resource library, telephones for job search, faxing, photocopying services, vocational assessment, career planning and financial aid information/assistance.

B. Unique Action Steps

1. Developing Community Will

Developing "community will" is key to the implementation of a strategy according to some local jurisdictions. Developing community will was defined as having local high-profile public and private representatives calling upon community representatives to help implement the strategy. Implementation included the following:

- establishing a leadership committee;
- conducting a community education initiative;
- developing new funding resources.

2. Providing Consolidated Services

Project Homeless Connect is a bi-monthly event sponsored by San Francisco that provides homeless persons with immediate access to a wide-range of social services that include domestic violence counseling, employment counseling, legal services, health care, mental health care, substance abuse counseling, and veteran services. These services are consolidated in a given location and made available to homeless persons on a given day.

Homeless persons start with triage. Triage consists of an intake and assessment that helps social work/social service providers identify each homeless person's service needs. Workers then guide homeless persons to the service area to have their needs met. The service area consists of workers ready to provide the wide-range of social services noted above. The ultimate goal is to link homeless persons to the local continuum of care system in order to obtain and maintain appropriate housing.

Appendix A

Jurisdictional strategies that were examined for this paper include the following:

1. "A Way Back Home: A Ten Year Plan to End Chronic Homelessness in Whatcom County (Washington)," 2003 – 2013;
2. "Blueprint to End Homelessness: An Initiative of the Indianapolis Housing Task Force," 2002;
3. "Blueprint to End Homelessness in Atlanta in Ten Years," March, 2003;
4. "City of Pasadena 10-Year Strategy to End Homelessness: 2005 – 2015," July 2005;
5. "City of Quincy, Massachusetts: 10-Year Plan to End Chronic Homelessness," June, 2005
6. "Ending Chronic Homelessness in Salt Lake County (Utah) Ten Year Plan," May 2005;
7. "Ending Homelessness in Ten Years: A County-Wide Plan for the Communities of Contra Costa County," May, 2004;
8. "Ending Homelessness is Everyone's Responsibility: Regional Plan to End Homelessness," (Maricopa County, Arizona), n.d.;
9. "Ending Homelessness: Maine's Strategic Plan," March, 2002;
10. "Ending Homelessness: The 10-Year Action Plan a Partnership effort of City of Raleigh, Wake County, Wake Continuum of Care, & Triangle United Way," February, 2005;
11. "Ending Long-Term Homelessness in Minnesota," March, 2004;
12. "Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness," Chicago Continuum of Care, n.d.;
13. "Home Again: A Ten-Year Plan to End Homelessness," (Portland), 2004.;
14. "Homeless No More: A Strategy for Ending Homelessness in Washington D.C. by 2014," December 2004;
15. "Homelessness in Montgomery County (Maryland): Beginning to End 2002 – 2012;"
16. "Mercer Alliance to End Homelessness," (Mercer County, New Jersey),
17. "Our Way Home: A Blueprint to End Homelessness in Philadelphia," n.d.;
18. "Scranton/Lackawanna County Ten-Year Plan to End Chronic Homelessness," March, 2004;
19. "Ten Year Plan to End Homelessness: A Report to the Citizens of Denver by the Denver Commission to End Homelessness," n.d.;
20. "The Blueprint to End Chronic Homelessness in the Chattanooga Region in Ten Years," n.d.;
21. "The Knoxville and Knox County Ten-Year Plan to End Chronic Homelessness," October, 2005;
22. "The San Francisco Plan to Abolish Chronic Homelessness," n.d.;
23. "The Strategic Framework for Ending Chronic Homelessness in Nashville," September, 2004;
24. "Uniting for Solutions Beyond Shelter: The Action Plan for New York City," n.d.;
25. "Utah's Ten-Year Business Plan to End Homelessness," September, 2004.